EXHIBIT C



# CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT

Offender Name: NICKERSON, MICHAEL V.

CDC#: F77522

Date: 11/06/2020

Current Location: SQ-Facility A

Current Area/Bed: A NB 5066001L

From: Office of Grievances at San Quentin State Prison

Re: Log # 000000055802

The California Department of Corrections and Rehabilitation Office of Grievances at San Quentin State Prison received your grievance on 11/05/2020. Your grievance has been assigned for review and response.

Pursuant to California Code of Regulations, title 15, the Office of Grievances will complete its review no later than 01/05/2021.

Please be informed that the Office of Grievances will not respond to any inquiries about the status of a grievance prior to the date shown above.

Once you receive a response and if you are dissatisfied with the decision(s), you may file an appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

CDCR SOMS OGTT300 CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT

Date Received: 11-23-2000  CDCR #: \$ -77527  Institution/Facility/Parole Region: SAN QUANTIN  REC BY OCA  DEC 30 2020  Anding a claim that is not listed above.  Ilisted above. Be as specific as you can.  USE I TOWN THE HEALING OFFICER THAT INSEMENT AND THAT THE GONGWOLD AS
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Page 3 of 19

APPEAL OF ENEVEY-06326-EJD

PEAL OF GRIEVANCE CR 602-2 (03/20)	Page 2 of 2
aim #:	
plain the reason for your appeal. Be as specific as you can.	
m dissatisfied with the response I was given because	
there documents that would be helpful to support your position? Attac documents, identify them as best you can below:	ch copies of those documents, if you don't have
minder: Please attach all documents in your possession that support	your claim(s).
ase note that this form and supporting documents will not be returned	to you.
simant Signature:	Date Signed:
	Date Signed.

Document 17-5

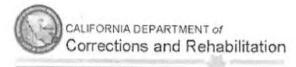
Filed 01/06/22

Page 4 of 19

LTO:

Case 5:20-cv-06326-EJD

TE OF CALIFORNIA



# OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE

Offender Name: NICKERSON, MICHAEL V.

CDC#: F77522

Date: 09/21/2020

Current Location: SQ-Facility A

Current Area/Bed: A NB 5066001L

From: Office of Grievances at San Quentin State Prison

Re: Log # 000000041626

The California Department of Corrections and Rehabilitation Office of Grievances at San Quentin State Prison received your grievance on 09/18/2020. Your grievance has not been assigned for review and response because your claim(s) is being handled as specified below.

#### Claim # 001:

Your claim concerning Offender Discipline; Serious Rules Violation Report is being rejected by Office of Grievances for the reason(s) indicated below:

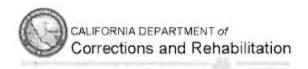
Your claim concerns an anticipated policy, decision, action, condition or omission by the Department or departmental staff, generally meaning the action has not happened yet. Once a decision or action has taken place and if you are still dissatisfied, you may file a new grievance.

Pursuant to the California Code of Regulations, Title 15 Section 3084.6(b)(1), your appeal concerns an anticipated action or decisions. Such issues are not appealable until it happen. In your grievance you requested that CDCR 115 (RVR) dated 09/10/2020, Log #7028726, Refusing to Accept Assigned Housing, be dismiss. Upon review of the Disciplinary section in SOMS, it was determined the RVR dated 09/10/2020 has not been adjudicated. You are advise to submit an appeal once the 115 has been heard, approved by the CDO and you being provided your final copy. You have 30 days from date of receipt to file an appeal.

This serves as your response by the Office of Grievances. If you are dissatisfied with this response, you may appeal the rejection decision to CDCR's Office of Appeals.

Do not resubmit this claim to the Office of Grievances at San Quentin State Prison.

CDCR SOMS OGTT300 OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE



### RULES VIOLATION REPORT

CDC NUMBER F77522	INMATE'S NAME NICKERSON, MICHAEL V.	MEPD 03/30/2025	FACILITY SQ-Facility A	HOUSING LOCATION SQ-A - A NB 5 - 066001L
VIOLATION DATE	VIOLATION TIME	VIOLATION LOCATION		WITH STG NEXUS
09/10/2020	10:30:00	SQ-Facility A - HOUSING UNIT		

Did the reporting employee ensure the inmate understands (to the best of his/her ability) the consequences of the continued misconduct? N/A

Did the reporting employee take into consideration the severity of the inmate's disability and the need for adaptive support services when determining the method of discipline? N/A

#### CIRCUMSTANCES OF VIOLATION

On Thursday, September 10, 2020, at approximately 1030 hours, while performing my duties as the North Block 5th Officer, Position #221215. I informed Inmate Nickerson (5-NB-66L, CDCR: F77522) that he was to gather his belongings and move to Badger section. Inmate Nickerson stated he did not want to move and refused to report to Badger section. I informed inmate Nickerson that if he refused to accept the new housing assignment, that he would be receiving a rules violation report. Inmate Nickerson again stated that he was not going to move. I informed inmate Nickerson that he will be receiving a rules violation report for refusing to accept a new housing assignment.

Officer Lupercio PERNER# 110714

REPORTING EMPLOYEE		TITLE	ASSIGNMENT	RDO ·	DATE:
M. Lupercio	0	Correctional Officer	221215	S/SU/H	09/10/2020

RVR LOG NUMBER: 00000007028726 VIOLATED RULE NUMBER: 3005(c)

SPECIFIC ACT: Refusing to Accept Assigned Housing-Delaying a PO

CLASSIFICATION

LEVEL: Serious OFFENSE DIVISION: Division D

REFERRED TO: Senior Hearing Officer FELONY PROSECUTION LIKELY: No

REVIEWING SUPERVISOR
S. Arana

TITLE
SERGEANT

DATE
09/10/2020

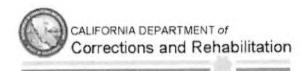
Case 5:20-cv-06326-EJD Document 17-5 Filed 01/06/22 Page 7 of 19

CLASSIFIED BY
J. Arnold

TITLE
captain

DATE
09/11/2020

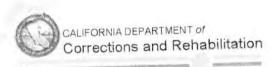
CDCR SOMS ISST120 - RULES VIOLATION REPORT



## **RULES VIOLATION REPORT**

CDC NUMBER	INMATE'S NAME	MEPD	FACILITY	HOUSING LOCATION
F77522	NICKERSON, MICHAEL V.	03/30/2025	SQ-Facility A	SQ-A - A NB 5 - 066001L
VIOLATION DATE	VIOLATION TIME	VIOLATION LO	OCATION	
09/10/2020	10:30:00	SQ-Facility A	- HOUSING UNIT	

INMATE NOTIFICATION		
POSTPONEMENT OF	DISCIPLINARY HEARING	
I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE SIGNATURE	DATE
I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE SIGNATURE	DATE
I REVOKE my request for postponement.	INMATE SIGNATURE	DATE
STAFF	ASSISTANT	*
REQUESTED WAIVED BY INMATE	INMATE SIGNATURE	DATE
INVESTIG	ATIVE EMPLOYEE	
REQUESTED WAIVED BY INMATE	INMATE SIGNATURE	DATE



## CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE

Re: Grievance Claims Decision Response

Offender Name: NICKERSON, MICHAEL VAUGHN

CDC#: F77522

Current Location: SQ-Facility A

Date: 11/21/2020

Current Area/Bed: A NB 5 - 066001L

Log #: 000000055802

Claim #: 001

Institution/Parole Region of Origin: San Quentin State Prison

Housing Area/Parole Unit of Origin:

Category: Offender Discipline

Facility/Parole District of Origin: SQ-Facility A

Sub-Category: Serious Rules Violation Report

#### I. CLAIM

In your appeal, you are contesting RVR 7028726, stating Officer Lupercio advised you about a bed move to Badger Section which you denied to corporate based on "the governor as well as the facility Captain said no movement until pandemic is over unless for medical." Further stating it was an adverse move that was not authorized by a classification action. You state you feel the write up and bed move are retaliation for filing a habeas petition for contracting COVID 19 virus. You are requesting to have the RVR# 7028726 dismissed in the interest of justice and for CDCR to follow the set forth by the Governor regarding bed moves and transfers.

#### **II. RULES AND REFERENCES**

#### A. CONTROLLING AUTHORITY

California Code of Regulations (CCR), Title 15Section 3084.1. Right to AppealSection 3005 ConductSection 3312 Disciplinary MethodsSection 3315 Serious Rule ViolationsSection 3320. Hearing Procedures and Time LimitsSection 3323 Disciplinary Credit Forfeiture ScheduleCalifornia Department of Corrections Operational Manuel (DOM) Article 23 Inmate DisciplineArticle 53 Inmate/Parolee Appeals

#### **B. DOCUMENTS CONSIDERED**

The reviewer considered SOMS RVR # 7028726, dated September 10, 2020.

#### III. REASONING AND DECISION

DOM Section 54100.20, Appeal of Disciplinary Actions states in part, "Regardless of what issue an appellant may raise concerning his or her RVR, the reviewer shall determine whether all due process and procedural requirements were met." This Grievance is Denied based on the following reasons. The SHO found that there was a preponderance of evidence to find you guilty of "Refusing to Accept Assigned Housing-Delaying a PO". The SOMS Disciplinary Hearing Results and adjudication hearing documents were closely reviewed to include the RVR, the Summary of Disciplinary Procedures, and all due process time constraints. The RVR was classified properly and written correctly. All time constraints were met. Your copy was served within 15 days of the violation. You had 24 hours to prepare for your hearing after receiving all evidence and documents. You were issued all pertinent information and evidence regarding this RVR. The RVR was heard within 30 days of your signing and receiving your hearing documents by an impartial Senior Hearing Officer (SHO). You did not meet the criteria to be assigned a Staff Assistant. You did not meet the criteria to be assigned an Investigative Employee. You did request witnesses during the hearing to which the SHO notates within the RVR. The SHO notates your plea of not guilty and your statement of "because of the Governors Mandates of no inmate Movement" in your defense. You were found guilty for the charge of Refusing to Accept Assigned Housing-Delaying a PO and were given appropriate sanctions. You were informed of your right to appeal and you received the Chief Disciplinary Officer's (CDO) review and your hearing results. Per CCR Title 15 Section 3005 Conduct. Which states "(b) obeying Orders. Inmates and parolees must promptly and courteously obey written and verbal orders and instructions from department staff, and from employees of other agencies with authorized responsibility for the custody and supervision of inmates and parolees. Your Claim this bed move was requested in violation o

as a General Population within San Quentin. Your Committee notations within SOMS does not prohibit nor require you to attend Classification Committee in order to be moved within the institution to the same housing requirements notated within committee actions. Your Claim the bed move and Rules Violation Report was in retaliation to filing a petition against CDCR for contracting the COVID-19 virus was unsubstantiated. There is no evidence staff acted outside the scope of their authority to affect a bed move within the institution. Furthermore there is no evidence to support the claim staff targeted you for the bed move. Housing requests directed by Medical and Administration staff is for the safety of the inmates, staff, and institution. The attempt to carry out these requests by Custody staff is in the attempt to mitigate the risks of COVID 19. CDCR understands the risks that the COVID-19 pandemic presents to CDCR inmates, staff, and volunteers. In light of these risks, CDCR has taken steps to mitigate the possibility of exposure. CDCR is doing its best to mitigate all those risks in close collaboration with the medical experts working for the Federal Receiver's Office. Furthermore, CDCR will continue to work with all of its health care partners across the Department, throughout the State, and with the Federal Government to create a safe environment for all in our institutions. Upon review, and as outlined above, there is insufficient evidence that any applicable CDCR policies were not followed, or that any relevant decisions or actions by the department were not proper.

#### **Decision: Disapproved**

After a thorough review of all documents and evidence presented at the Office of Grievances Level, it is the order of the Office of Grievance to DISAPPROVE the claim.

If you are dissatisfied with the decision of this claim, you may file a 602-2, appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

Staff Signature	Title	Date/Time
J. Bishop [BIJA002]	CDW(A)	11/20/2020

TE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

ATE/PAROLEE APP	EAL					Side 1
R 602 (REV. 08/09)	IAB USE ON	Institution/Parole	Region:	Log #558	<sup>2</sup> 02	stegary.
			F	OR STAFF USE	ONLY	
erse effect upon your fulations, Title 15, (CCP	ornia Department of Corrections and Rehabilita welfare and for which there is no other prescr 3) Section 3084.1. You must send this appeal a to the filing of this appeal. If additional space opeal process. No reprisals will be taken for using	nd any supporting doo	n, action, contribution of the contribution of	ondition, policy view/remedy as the Appeals Co 602-A will be	or regulation that havailable. See Califordinator (AC) with accepted. Refer to	CCR 3084 for
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JICKERSON MICHAEL F-77522 5N-GeL  State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):						EVANCE OF
A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): 0.3 9-10-20						STATE PR
AT APPLOX COLUPE ASLES W  B. Action requested (I FOR THIS LINTGLES THE CEU  Supporting Document Yes, I have attached List supporting document	(If you need more space, use Section A OF TOLD TOLD TOLD TOLD TOLD TOLD TOLD TOLD	TWO THE  THE ONE  COOR 602-A):  LISSED IN  SFOR TWO  SSEGRESS	LIST TO I	MONE MONE TOING	NOV	0 5 2020
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Inmate/Parolee Signal	my initials in this box, I waive my ri	Date Submitte	d:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	w.	us commente (A)	
C. First Level - Staff I	Use Only st Level of Review. Go to Section E.	Staff - Chec	ck One: Is	CDCR 602-A A	ttached? Yes	□ No
☐ Rejected (See attac ☐ Cancelled (See atta ☐ Accepted at the First Assigned to:	ched letter for instruction) Date:  sched letter) Date:  st Level of Review.	Date:		ned:		
	: Complete a First Level response. Include Inten		terview date			below.
Your appeal issue is:	☐ Granted ☐ Granted in Part ☐ De	nied				
	See attached letter. If dissatisfied with First Lev	el response, complete ignature:	Section D.		Date completed:	
		and the second second				
Reviewer:	Title: Si	gnature:				

STATE OF CALIFORNIA INMATE/PAROLEE APPEAL CDCR 602 (REV. 08/09) DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

Inmate/Parolee Signature:	Date Submitted :
	ck One: Is CDCR 602-A Attached? Yes
his appeal has been:	
By-passed at Second Level of Review. Go to Section G.	
Rejected (See attached letter for instruction) Date: Date:	Date: Date:
Cancelled (See attached letter)	
Accepted at the Second Level of Review  Signed to:  Date Assigned:	Date Due:
Second Level Responder: Complete a Second Level response. If an interview at the Second Level	
interview date and location, and complete the section below.	ever is necessary, include interviewer's name and me,
	cation;
Your appeal issue is: Granted Granted in Part Denied Other:	
See attached letter. If dissatisfied with Second Level response, complete	Section F below.
nterviewer:Title:Signature:	Date completed :
(Pert Youns)  Title: Signature:	
leviewer; Title: Signature:	
late received by AC:	
	AC Use Only Date mailed/delivered to appellant / /
If you are dissatisfied with the Second Level response, explain reason below; attach so Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chie Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use	of, Inmate Appeals Branch, Department of Corrections
Inmate/Parolee Signature:	Date Submitted:
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Third Lavel - Staff Lee Only	
	Date: Date:
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G. Third Level - Staff Use Only  his appeal has been:  Rejected (See attached letter for instruction) Date:  Cancelled (See attached letter)  Cancelled (See attached letter)  Accepted at the Third Level of Review. Your appeal issue is  Granted  Granted in Part  See attached Third Level response.  H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review conditions.)	Denied Other:  Third Level Use Only Date malled/delivered to appellant / /
his appeal has been:  Rejected (See attached letter for instruction) Date:  Cancelled (See attached letter) Date:  Accepted at the Third Level of Review, Your appeal issue is Granted Granted in Part See attached Third Level response.  H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review.	Denied Other:  Third Level Use Only Date malled/delivered to appellant//

IAB USE ONLY Institution/Parole Region:

STATE OF CALIFORNIA INMATE/PAROLEE APPEAL FORM ATTACHMENT CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Log #:

Category:

Side 1

		55802
	FOR STAFF	USE ONLY
Attach this form to the CDCR 602, only if more space is needed.  Appeal is subject to rejection if one row of text per line is exceeded.	WRITE, PRINT, or	TYPE CLEARLY in black or blue ink.
Name (Last, First):	CDC Number: Unit/Call Number:	Assignment:
MICKERSON, MICHAEL	F.77522 52-66C	- PATTEN COULTED
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Inmate/Parolee Signature: Mischael V Willen	Date Submitted:	
B. Continuation of CDCR 602, Section B only (Action requested):  BY THE GOVERNO BECAN  NOVER AND TRANSFERS CO  OF CONTID-19  Inmate/Parolee Signature: Wirls of V. N. J. Co.	X EUGER TIME I	MASS CELL

### Case 5:20-cv-06326-EJD Document 17-5 Filed 01/06/22 Page 14 of 19

STATE OF CALIFORNIA INMATE/PAROLEE APPEAL FORM ATTACHMENT CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):	
Inmate/Parolee Signature:	Date Submitted:
F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):	
	- Comment of the comm

**ATTACHMENT** 

STATE OF CALIFORNIA CDCR 3022A (REV. 03/14)

1. 01

ulorii , v of ( DEPARTMENT OF CORRECTIONS AND REHABILIT

## DAILY PROGRAM STATUS REPORT PART A - PLAN OF OPERATION / STAFF & INMATE NOTIFICATION

PLAN EFFECTIVE FOR	DATE.	INSTITUT	d inmate awareness		-		7	
October 6, 2020			an Quentin			PROGRAM STATUS NUMBER: SQ-II-20-015		
NORMAL PROGR			D PROGRAM LOCKDOWN				STATE OF EMERGENCE	
☐ INITIAL ☑ UP		DATE			LOSU			
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Filed 01/06/22

Page 16 of 19

STATE OF CALIFORNIA CDCR 3022A (REV. 03/14) ATTACHMENT A

DEPARTMENT OF CORRECTIONS AND REHABILITATION

REMARKS: On Tuesday July 14, at approximately 1000 hours, San Quentin State Prison began program modifications based on the need for medical quarantine/isolation of numerous inmates, to manage exposure to the COVID-19 virus. The current program status is identified in the definitions and updates listed below:

General COVID Precautions: All units within the facility are closed to intake. Showers will be limited to cell partners and groups no larger than ten (10) at a time to facilitate social distancing. Phones, including nonconfidential legal phone calls, shall continue with cleanings between uses. Arrangements for confidential legal calls (reserved for emergent issues involving important legal rights) shall be coordinated through the Litigation Coordinator's Office. For all out of cell and dorm movement, all inmates shall wear a mask. Medical distribution with the exception of insulin will be at the cell front for GP/RC. Mental health treatment will be accomplished via telehealth or in-person according to patient need. Medical appointments will be reviewed by medial staff and treated based on medical necessity. When going to medical, all inmates shall wear a surgical mask and will be escorted based on their ducat time. Only resolved critical workers (as noted in the critical worker list) assigned to HFM, HFM trained housing unit porters, CTC Kitchen, Canteen, R&R, Kitchen workers, PIA Mattress Factory, and the Shuttle Driver shall be released for work assignments, after being screened by medical staff. Critical workers are assigned daily showers when returning from work assignments. Showers will be followed in this order: will shower first and together. Inmates who have refused testing next, and COVID-19 negative inmates and resolved inmates will shower first and together. Inmates who refuse testing will shower last. Deep cleaning in between shower groups. GP/RC inmates who are categorized as positive and resolved will be allowed to walk to canteen and the package window in groups no larger than 20. (See attached canteen schedule). GP/RC inmates who are categorized as negative and resolved will be allowed to walk to canteen and the package window in groups no larger than 20. (See attached canteen schedule). GP/RC inmates with COVID status as Positive or unknown will continue to have canteen/packages delivered to the cell front.

Quarantine Precautions: Quarantine units will follow the general COVID precautions stated above with following exceptions: No inmate workers shall be released to their work assignments. Quarantine units will be kept separate waiting areas away from the rest of the inmate population. Canteen and packages will be delivered to the cell front. Laundry exchange will be done at the cell front.

On Friday, October 2, 2020, Carson is on medical quarantine and will adhere to the quarantine precautions stated above. All other units will remain on general COVID precautions.

On Monday, October 05, 2020, North Block is removed from medical quarantine. North Block will remain on general COVID precautions.

REVIEWED BY: Sgt. R. Gardea

NAME / SIGNATURE 10/6/2000 (WARDEN)

DATE:

R. BROOMFIELD, Warden (A)

NAME/SIGNATURE (ASSOCIATE DIRECTOR) DATE:

(REQUIRED FOR INITIAL, CLOSURE, &

STATE OF EMERGENCY)

R. DAVIS. Associate Director (A), Reception Center Mission



12/10/2020

## **RELEASE DATE CHANGE NOTICE**

INMATE NAME: NICKERSON, MICHAEL VAUGHN	A ND F OCCUPA				
FACILITY: SQ-Facility A	HOUSING: A NB 5 - 066001L				
ASSIGNED CASE RECORDS ANALYST: L. Duva	REASON FOR RELEASE DATE CHANGE: CDCR Credits Received/Lost changed				
ASSIGNED CORRECTIONAL COUNSELOR: R. Hammond					
CONTROLLING RELEASE DATE	TYPE OF DATE				
BEFORE: 05/30/2025	MEPD				
AFTER: 03/30/2025	MEPD				

CDCR CREDITS RECEIVED/LOST										
ENTRY	EFFECTIVE	ТҮРЕ	WORK GROUP	DURATION (DAYS)	RECD/LOST DAYS	REASON	STATUS	QUALIFIER		
12/10/2020		Restoration of Credits				Meets Automatic Criteria	Applied	Log # 000000007028726		
06/17/2020	11/30/2010	Work Group Change (done by Cls.)	A1-Full Time Assignment	3663		Classification Action	Applied			

CDCR SOMS OTCR122 RELEASE DATE CHANGE NOTICE

